

Pregnancy Maintenance Initiative (PMI) 2017-2018

Date Generated: 03/17/2017

Gerard House Inc.

Period: 07/01/2017 - 06/30/2018

Filter(s): Gerard House Inc.;

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Start Date:

End Date:

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Julie Jones, Manager and Primary Point of Contact, julie.jones@via-christi.org Elizabeth Edwards, Program Coordinator, elizabeth.edwards@via-christi.org Crystal Gonzalez, Client Care Counselor, crystal.gonzalez@via-christi.org

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

Strategy: A.1.1 - Build internal capacity

Start Date:

End Date:

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: Gerard House operates under the administrative policies of Via Christi Health. Verification of staff licensure, staff orientation, performance appraisals, and professional development plans are conducted in accordance with the established personnel policies of Via Christi Health. Verification of staff licensure, staff orientation, performance appraisals, and professional development plans are conducted in accordance with the established personnel policies of Via Christi Health.

Included in the staffing goals under this grant are the expectations to build internal capacity for Gerard House (GH) in order to manage this program efficiently. These expectations include:

Attend annual meeting/training provided by KDHE;

Provide orientation and training of new staff;

Recruit, select, and train staff. GH uses Via Christi to recruit, select, and help train our case managers. Once they have attended the 8-hour in-service training with Via Christi, they must shadow a GH employee for 36 hours. Each staff also receives an additional 40 hours of continuing education training.

Comply with reporting requirements, which include:

Communicate and coordinate local work with State PMI staff;

Submit Affidavit of Expenditures and Client Demographic Summary quarterly;

Submit Narrative Report mid-year (for first six months) and annually (for 12 month period);

Participate in site visits and technical assistance calls as requested by the State;

Attend annual meeting/training provided by KDHE in Topeka.

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Start Date:

End Date:

Requirement: A.1.1.2 - Provide orientation and training of new staff

Start Date:

End Date:

Describe your process for orienting and training staff new to the PMI program.: Each new member of Gerard House staff is required to complete formal employee orientation at both Via Christi (8 hours) and at Gerard House (8 hours). New staff are also required to shadow another staff member for 36 hours before they can begin a shift at Gerard House.

Gerard House resources that are funded by the PMI grant cover all aspects of the administration and oversight of our residents. Therefore, 100% of GH staff and residents are aware of the structure and criteria (our program will not perform, promote or refer for education in favor of abortion) of the PMI initiative.

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Start Date:

End Date:

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Start Date:

End Date:

Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly

Start Date:

End Date:

Requirement: A.1.2.2 - Submit Quarterly Progress Report

Start Date:

End Date:

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Start Date:

End Date:

Goal: A.2 - Program evaluation

Start Date:

End Date:

Strategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed

Start Date:

End Date:

Summarize your program evaluation methods to include how you will expand services to meet community needs.: GH has our own client satisfaction survey, and will incorporate the questions from that survey into the attached PMI survey to create a new, more comprehensive survey.

GH has an existing policy manual. We will continue to develop and maintain program policies and procedures that are based on program standards and guidelines.

Using Via Christi's extensive network of community partners in the Wichita area, GH has a Board of Directors which serves in both a governance and advisory capacity, to inform our decisions about serving community needs. The composition of our Board reflects the community (e.g., race, ethnicity, socioeconomic status). Regular meetings are held quarterly, and minutes of the meetings will be kept and submitted as part of our biannual Narrative Report.

A program plan for each youth is completed and reviewed monthly, using input from the youth to identify their needs and concerns to ensure that sufficient quality community services are provided. Client satisfaction, based on surveys of youth served by GH, is also used to inform our evaluation of our program's effectiveness in meeting the needs of pregnant teens in our community. Our reports include the number of girls participating in each service (see Goal B.1. for examples) to show how we are utilizing community resources.

Requirement: A.2.1.1 - Develop and use a client satisfaction survey

Start Date:

End Date:

Attach a Client Satisfaction Survey in the attachment section above

Did you attach a Client Satisfaction Survey?: Yes

Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.

Start Date:

End Date:

Strategy: A.2.2 - Create and maintain a functioning advisory group.

Start Date:

End Date:

Describe your PMI Advisory Group membership and frequency of meetings.: Our newly formed PMI Advisory Group comprises current GH staff, community stakeholders, and youth served. While we would like to include youth who are former residents, our experience is that these youth do not stay in our geographic area once they leave Gerard House. Therefore, our primary pool of advisory group participants will be our current residents. The advisory group will meet quarterly. We will use feedback from these meetings to inform our future program decisions.

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Start Date:

End Date:

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Start Date:

End Date:

Grouping B - Data and Information

Goal: B.1 - Measure program impact

Start Date:

End Date:

Describe your program goals, objectives and outcome measures.: These metrics are tracked in the Gerard House Balanced Scorecard, in addition to other Via Christi-wide metrics:

Increase patient service satisfaction scores from 74.2 to 77.03.

85% will refer Gerard House services to a friend in need.

100% of babies' birth weight is above national average (5.5 pounds).

Pulse survey (employee satisfaction) score increase.

Maintain expense per unit of 100% of budget (staying within budget, with no increase in cost per person served or cost per unit of delivery).

Reduce staff turnover by 10%.

Program plans are completed for each youth who lives at Gerard House, to identify the services needed by each youth. These services include medical care, nutrition classes, parenting classes, Early Head Start, Healthy Babies, pre/posts care, educational services, transportation services, independent living services, consumer counseling/financial literacy, mental health, drug/alcohol/substance education, and pregnancy education.

100% attendance and completion is expected of each youth for the courses selected for her program plan. The only exception is if the youth move or remove themselves from our program.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness**Start Date:****End Date:**

How will you measure effectiveness of services, interventions and referral networks?: Gerard House provides comprehensive pregnancy support based on evidence-based practices. GH routinely gather and uses data to plan and evaluate interventions and referral networks and to assess program impact. These metrics include: 100 % of GH residents will receive prenatal services with an OB and are transported to every doctor appointment. 100% of GH residents will take their prenatal vitamins daily as well as other prescriptions as prescribed. 100% of GH residents will attend Nutrition Classes and receive a certificate upon completion. 100% of GH residents will attend Parenting Classes and received a certificate upon completion. Each GH resident will attend a "Girls Circle" group weekly meeting, an evidence-based curriculum for adolescent females. GH residents with few support systems will be matched up with a MHA mentor. 100% of GH residents will enroll and participate in Early Head Start, and each are assigned a parent education who visits with them one-on-one weekly. GH residents are able to attend the curriculum through Healthy Babies entitled "Be Proud, Be Responsible, Be Protective!" This curriculum addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers. 100% of GH residents will attend "Adoption as an Option" as a way of making an informed decision to either parent their child or place for adoption.

How will you ensure services provided are those needed by clients?: Gerard House provides integrated services and support to needy, pregnant women that will enable them to carry their pregnancies to term. To determine the services needed by clients, the residents of GH receive individualized, intensive case management services to assist them in the identification and utilization of personal, social, and community resources so they will be better prepared to meet the challenges in their lives. Gerard House provides comprehensive pregnancy and post-partum support services 24 hours a day, 7 days a week. The program implemented at Gerard House includes two phases. The first phase is implemented during the teen's pregnancy and includes 1) developing individualized care and treatment plans, and 2) prenatal physician care plus routine medical, dental, and vision card. According to the Kansas Department of Health and Environment, the statewide pregnancy rate in 2015 for ages 10 to 19 was 14.8 per 1,000, or almost 2,900 pregnancies. More than 570 of those pregnancies were in Sedgwick County. More than 600 pregnant teens have called Gerard House home over the last 29 years. GH staff meets with clients individually on a monthly basis as part of their program plan to determine their service needs, and evaluate how well those services are meeting their needs.

Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information, how it will be collected and when it will be entered. If you also enter client data in another system, include the name of the system (Insight, Nightingale Notes, etc.): Julie Jones, Gerard House manager, is responsible for collecting and inputting data into DAISEY. Elizabeth Edwards, GH Program Coordinator, is the backup data manager. Data are collected at Gerard House.

Attach a current DAISEY Terms of Use Agreement signed by your agency for FY 2018 (electronic or handwritten signatures are acceptable).

Did you attach a signed DAISEY Terms of Use Agreement for FY 2018?: Yes

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Start Date:**End Date:**

Requirement: B.1.1.2 - Gather and use data to assess program impact

Start Date:**End Date:****Grouping D - Interventions to Improve Public Health**

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Start Date:

End Date:

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.: Gerard House provides comprehensive pregnancy support based on evidence-based practices. No individual who is unable to pay will be denied pregnancy maintenance services. These services include: GH residents receive prenatal services with an OB and are transported to every doctor appointment. Staff is on duty 24/7 to ensure that all doctors' orders are carried out as written and prescribed. GH residents take their prenatal vitamins daily as well as other prescriptions as prescribed. GH residents attend Nutrition Classes and receive a certificate upon completion. GH residents attend Parenting Classes and received a certificate upon completion. GH residents attends a "Girls Circle" group weekly meeting, which is an evidence-based curriculum for adolescent females. GH residents with few support systems are matched up with a MHA mentor. Research shows that one caring individual during difficult time and transition is very beneficial for that adolescent female. GH residents are enrolled and participate in Early Head Start, and each are assigned a parent educator who visits with them one-on-one weekly. GH residents are able to attend the curriculum through Healthy Babies entitled "Be Proud, Be Responsible, Be Protective!" This curriculum addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers. GH keeps on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented, and provides adequate resources and referrals for accessing those services.

Estimate the total number of clients to be served during the grant period.: 20

Estimate the number of new enrollees to be served during the grant period: 15

Select all counties to be served below

County: Allen; Anderson; Atchison; Barber; Barton; Bourbon; Brown; Butler; Chase; Chautauqua; Cherokee; Cheyenne; Clark; Clay; Cloud; Coffey; Comanche; Cowley; Crawford; Decatur; Dickinson; Doniphan; Douglas; Edwards; Elk; Ellis; Ellsworth; Finney; Ford; Franklin; Geary; Gove; Graham; Grant; Gray; Greeley; Greenwood; Hamilton; Harper; Harvey; Haskell; Hodgeman; Jackson; Jefferson; Jewell; Johnson; Kearny; Kingman; Kiowa; Labette; Lane; Leavenworth; Lincoln; Linn; Logan; Lyon; Marion; Marshall; Mcpherson; Meade; Miami; Mitchell; Montgomery; Morris; Morton; Nemaha; Neosho; Ness; Norton; Osage; Osborne; Ottawa; Pawnee; Phillips; Pottawatomie; Pratt; Rawlins; Reno; Republic; Rice; Riley; Rooks; Rush; Russell; Saline; Scott; Sedgwick; Seward; Shawnee; Sheridan; Sherman; Smith; Stafford; Stanton; Stevens; Sumner; Thomas; Trego; Wabaunsee; Wallace; Washington; Wichita; Wilson; Woodson; Wyandotte

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Start Date:

End Date:

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Start Date:

End Date:

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Start Date:

End Date:

Describe the adoption services and pregnancy education to be provided as part of the program.: As a program of Via Christi Health, the work of Gerard House is inspired by the Gospel and our Catholic tradition to serve as a healing presence with special concern for our neighbors who are vulnerable. Therefore, our services and education focus exclusively on providing a safe, caring, supportive home for young women choosing to give birth as they decide whether to keep and raise their child or place it with an adoptive couple. Our programs do not perform, promote, or refer for education in favor of abortion.

The monthly program plan review conducted with each youth and her program coordinator includes review of pregnancy education and adoption services options.

Requirement: D.1.2.1 - Case managers to attend adoption training class

Start Date:

End Date:

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Start Date:

End Date:

Requirement: D.1.2.3 - Provide adequate resources and referrals

Start Date:

End Date:

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Start Date:

End Date:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Strategy: D.2.1 - Provide assurances

Start Date:

End Date:

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Start Date:

End Date:

Strategy: E.1.1 - Promote services to community

Start Date:

End Date:

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: The community will be aware of these services through the school nurses at each high school that refers to GH. Those in our community will also know about our parenting classes as they are listed on our web site when scheduled quarterly. Our services are listed on the United Way 211 directory.

Strategy: E.1.2 - Planned outreach activities

Start Date:

End Date:

What are your planned outreach activities?: Gerard House uses school nurses, an active website (<http://www.viachristi.org/about-via-christi/mission/gerard-house>), referrals from United Way, and outreach services to promote community involvement.

Participants are referred/recruited from doctor/nurse referrals, the community, Kansas Department for Children and Families (DCF), Juvenile Justice Authority of Kansas, foster care programs, school systems, etc. We have Memoranda of Understanding to work in partnership with Early Head Start, Healthy Babies, and Sedgwick County Extension Office.

Strategy: E.1.3 - Target and recruit clients

Start Date:

End Date:

Grouping F - Partnerships

Goal: F.1 - Collaborative partnerships with community providers

Start Date:

End Date:

Strategy: F.1.1 - Build and maintain local partnerships

Start Date:

End Date:

Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services

Start Date:

End Date:

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: GH receives frequent referrals from the Kansas Department for Children and Families (DCF), foster care programs, the Juvenile Justice Authority of Kansas, school systems, etc.

For almost 30 years, GH has developed and maintained collaborative partnerships with community providers of related services. We work in collaboration with school nurses at local high schools as well as sources in the community that can facilitate education in nutrition, parenting, Early Head Start, etc. to ensure that our participants gain important skills and knowledge.

We develop and maintain referral sources, and track referrals made and the outcomes of those referrals, and will continue to do so during the duration of the PMI program.

Requirement: F.1.1.2 - Develop referral sources for related services

Start Date:

End Date:

Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals

Start Date:

End Date:

When referring for services outside the program, what are the processes for initiating referrals and for follow-up after referral to ensure clients engage in the services?: Each GH resident has an Individualized Treatment Program. Depending on their specific mental health needs and/or psycho-social needs, they may need a referral outside our agency. For example, the drug and alcohol treatment could be for COMCARE services for mental health diagnosis. Because each of our residents is from different referral sources, (e.g. foster care vs juvenile justice), that entity decides in many instances where the referral has to go. Based on our longstanding experience with referral services, GH staff know where our residents can be referred, in compliance with court orders.